

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029639

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 376 Primary Registration District No. 3060 Registrar's No. 329

STATE FILE NUMBER

FILED AUG 13 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Farmington		Length of stay in lb 8 - Weeks	c. CITY OR TOWN Farmington
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 102 - Maple Street		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 102 - Maple Street
3. NAME OF DECEASED (Type or print) First Sam Middle (none) Last Wapensky		4. DATE OF DEATH Month August Day 2nd. Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Oct. 12, 1874 - 88
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Miner		10b. KIND OF BUSINESS OR INDUSTRY Lead Mining	9. AGE (last birthday) 88
11a. FATHER'S NAME Alex. Wapensky		11b. MOTHER'S MAIDEN NAME Unknown	12. CITIZEN OF WHAT COUNTRY U S A
13a. FATHER'S NAME Alex. Wapensky		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Anna Wapensky (Dec)
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates) No		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT Mrs. C.P. Moyer, Farmington, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) circulatory collapse Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. arteriosclerotic heart failure DUE TO (b) arteriosclerotic heart failure DUE TO (c) arteriosclerotic heart failure	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 7:15 a.m. pm Month, Day, Year May 63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Farmington, Mo.	
20g. COUNTY St. Francois		20h. STATE Missouri	
21. I attended the deceased from May 63 to Aug 2 63 Death occurred at 7:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22. ADDRESS Farmington, Mo.	
22a. SIGNATURE C. Z. Boyer		22b. DATE SIGNED 8/4/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/5/1963	
23c. NAME OF CEMETERY Russian Orthodox		23d. LOCATION (City, town, or county) St. Francois Co. Missouri	
24. FUNERAL DIRECTOR C.Z. Boyer & Son Dealoge, Mo.		25. DATE RECD. BY LOCAL REG. Aug 4, 1963	
26. REGISTRAR'S SIGNATURE Ether R. Dillhoff		27. DATE SIGNED 8/4/63	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

B. T. Boyer

Licensed Embalmer No.

3460

P. O. Address

Desloge, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.